



**CITY OF NEWARK
ENGINEERING & ZONING**

Zoning Application # _____

BZA Appeal # _____

c/o Engineering Department

40 West Main Street | Newark, Ohio 43055 | Tel 740.670.7727 | Fax 740.349.5911 | www.newarkohio.net

BOARD OF ZONING APPEALS APPLICATION

Rev 2/10

Owner

Name:	Telephone:
Address:	E-mail:

Applicant

Name:	Telephone:
Address:	E-mail:

Lessee

Name:	Telephone:
Address:	E-mail:

Parcel

Address of Parcel: (Number & Street, City, State, Zip)	Auditor's Parcel #:
On the <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West side of the street, between the following intersections: and	
Subdivision Name:	Lot Number:
Zoning Classification: If filling out electronically, click box to display dropdown	Proposed Use: If filling out electronically, click box to display dropdown (Specify Use):
Notes: (Optional)	

Appeal

The Application is a request to permit the following:
Erection **Alteration** **Maintenance** **Conversion** **Conditional Use**
In accordance with the plans filed herewith, describe the building or use:

Appeal Continued

This project is not permitted by the Zoning Code for the following reason(s):

Please outline the circumstances, which you feel would warrant a variance to the requirements of the Zoning Code:

Has there been any previous application or appeal on these premises? Yes No When?

This application is a request for modification of the requirements of the following Article(s)/Section(s) of the Zoning Code: (List)

Required Documents

(Must be signed and returned to the Engineering Department.)

- A. Original Application
- B. List of owner names, street addresses and tax mailing addresses for all properties lying within 200 feet radius of the entire property in question. **Number the parcel list. This will correspond with the Tax Map in C below.**
- C. Tax Map from the County Engineer indicating boundaries of this property in question and properties described in B above. **Number each parcel on the map to match its corresponding name, location and mailing address in list B above.**
- D. Site Plan showing location of existing and proposed structures, property lines, setbacks and dimensions.
- E. Elevation drawings of the front, side and rear of the proposed building or structure. Identify all major exterior finish materials on the elevation drawing.
- F. Application Fee of \$50.00 Cash or Check made payable to the City of Newark
- G. Application Fee of \$25.00 for Off-Premise Variable Message Sign
- H. Additional documentation at the discretion of the applicant for support of the Appeal

Upon receipt of this application and the required documents listed above, you will be notified of the date and time of the hearing at which time you or a representative must appear.

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(Owner/Applicant Signature)

Before me, a Notary Public in and for _____ County in the State of _____, personally

appeared _____ who, by me being duly sworn, says that he is the

(Applicant's name)

_____ of the parcel of land with reference to which the within appeal is made; and

(Applicant, owner, lessee)

that the statement of facts contained herein above is true.

Subscribed and sworn to before me this _____ day of _____.

(Notary Public signature)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

Status:	Date:	Zoning Reviewer:	Date Notified:	Date: Rcvd. Date: _____ Paid Date: _____ Check Cash (circle one) Check # _____ Amount \$ _____
<input type="checkbox"/> Incomplete				
<input type="checkbox"/> Forward to BZA				
<input type="checkbox"/> Hold		Reason:		